

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08/2 312 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)		1		
9		(1)		1		
10		(1)		1		
11		(1)		1		
12		(1)		1		
13		(1)		1		
14		(1)		1		
15		(1)		1		
16		(1)		1		
17		(1)		1		
18	1		1			
19		1		1		
20		(1)		1		
21		(1)		1		
22		(1)		1		
23		(1)		1		
24	1		1			
25		1		1		
26		1		1		
27		1		1		
28		4		4		
29		(1)		1		
30		(1)		1		
31		(1)		1		
32		(1)		1		
33		(1)		1		
34		(1)		1		
35		(1)		1		
36		(1)		1		
37		2		2		
38		2		2		
39		1		1		
40						
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	3		4			
TOTAL DEP.	42					
TOTAL CLAIMS	45					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				6		
54				6		
55				1		
56				6		
57				6		
58				1		
59				6		
60				6		
61				1		
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98						
99						
100						
TOTAL IND.				5		
TOTAL DEP.				90		
TOTAL CLAIMS				95		